



Census

Administrative Center
1526 Union Avenue
Natrona Heights PA 15065
724.226.4900

Envelope _____

HOUSEHOLD INFORMATION

Date _____

Mailing Salutation (e.g., Mr. & Mrs. John Doe) _____

Address _____

City _____ State _____ Zip _____

Household Phone _____ Unlisted? _____

HOUSEHOLD MEMBER 1

First Name _____ Middle Name _____

Last Name _____ Maiden Name (if applicable) _____

___ Male ___ Female Relationship (e.g., Head of Household, Spouse, Son, Daughter,) _____

Date of Birth _____ Religious Affiliation _____

Marital Status _____ Catholic Marriage Date _____ Parish _____

___ Civil Marriage ___ Widowed ___ Separated ___ Divorced ___ Never Married

Baptism Yes ___ Date _____ Parish _____

No ___ Non-Catholic (please indicate faith) _____

Holy Communion ___ No ___ Yes Parish _____

Confirmation ___ No ___ Yes Parish _____

Email _____ Cell Phone _____

Current Employer/School _____

Highest Level of Education Completed _____

Special Needs _____

Homebound ___ Care Facility ___ Name of Facility _____

HOUSEHOLD MEMBER 2

First Name _____ Middle Name _____

Last Name _____ Maiden Name (if applicable) _____

___ Male ___ Female Relationship (e.g., Head of Household, Spouse, Son, Daughter,) _____

Date of Birth _____ Religious Affiliation _____

Marital Status _____ Catholic Marriage Date _____ Parish _____

_____ Civil Marriage _____ Widowed _____ Separated _____ Divorced _____ Never Married

Baptism Yes ___ Date _____ Parish _____

No ___ Non-Catholic (please indicate faith) _____

Holy Communion ___ No ___ Yes Parish _____

Confirmation ___ No ___ Yes Parish _____

Email _____ Cell Phone _____

Current Employer/School _____

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